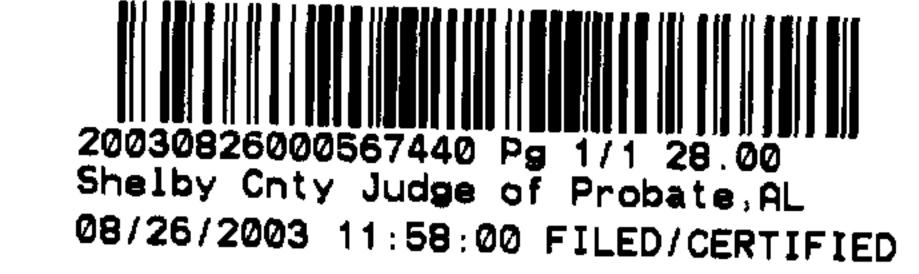
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/ NAME & PHI INFI IF (I MI AL LA LEILED LAMANA)			
A. NAME & PHONE OF CONTACT AT FILER [optional] Gloria Carroll			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
National Bank of Commerce of Birmingham P O Box 10686 Birmingham, Alabama 35202-0686			
	THE ABOVE S	PACE IS FOR FILING OFFICE	
a. INITIAL FINANCING STATEMENT FILE # 2001-16146		to be filed [for record] (or r	ecorded) in the
. TERMINATION: Effectiveness of the Financing Statement identified above in	s terminated with respect to security interest(s) of th	REAL ESTATE RECORDS e Secured Party authorizing this Term	
CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secur	ed Party authorizing this Continuatio	n Statement is
. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give name	of assignor in item 9.	
· · · · · · · · · · · · · · · · · · ·	btor or Secured Party of record. Check only	one of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in i CHANGE name and/or address: Give current record name in item 6a or 6b; als	o give new TT DELETE name: Give record na		m 7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address change CURRENT RECORD INFORMATION:) in item 7c. to be deleted in item 6a or 6b.	item 7c; also complete ite	ms 7d-7g (if applicable
6a. ORGANIZATION'S NAME			
Waterford, LLC			
65. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED AND ADDED INCODIANTION.			
. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
R			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	any
ORGANIZATION DEBTOR			NON
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. AMENDMENT (COLLATERAL CHANGE): check only one box.			
. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collater	al description, or describe collateral assigne	d.	
Describe collateral deleted or added, or give entire restated collater	al description, or describe collateral assigne	d.	
Describe collateral deleted or added, or give entire restated collater Partial Release: L:ot(s) 394 ,according to the Surve	y of Waterford Highlands Sector 1		k 27, page 137
Describe collateral deleted or added, or give entire restated collater	y of Waterford Highlands Sector 1		k 27, page 137
Partial Release: L:ot(s) 394 ,according to the Surve n the office of Judge of Probate Shelby County, Alabama	y of Waterford Highlands Sector 1		k 27, page 137
Partial Release: L:ot(s) 394 ,according to the Surve n the office of Judge of Probate Shelby County, Alabama Filed with JOP Shelby County, Alabama	y of Waterford Highlands Sector 1 ENDMENT (name of assignor, if this is an Assignr	, as recorded in Map Boo	zed by a Debtor which
Partial Release: L:ot(s) 394 ,according to the Surve the office of Judge of Probate Shelby County, Alabama Filed with JOP Shelby County, Alabama NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	y of Waterford Highlands Sector 1 ENDMENT (name of assignor, if this is an Assignr	, as recorded in Map Boo	zed by a Debtor which
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